



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

March 2, 2007

Dee Rausch, Administrator
Spring Creek St Anthony
610 N Bridge St
Saint Anthony, ID 83445

License #: RC-766

Dear Ms. Rausch:

On January 19, 2007, a state licensure survey was conducted at Spring Creek Saint Anthony DBA Spring Creek Manor II, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact John Wingate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

JOHN WINGATE, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

JW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 23, 2007

Dee Rausch, Administrator
Spring Creek Manor II, LLC
610 N Bridge St
Saint Anthony, ID 83445

Dear Ms. Rausch:

On January 19, 2007, a State Licensure survey was conducted at Spring Creek Manor II, LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 19, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R766	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2007
NAME OF PROVIDER OR SUPPLIER SPRING CREEK ST ANTHONY		STREET ADDRESS, CITY, STATE, ZIP CODE 610 N BRIDGE ST SAINT ANTHONY, ID 83445		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted on January 18, 2007. The surveyors conducting the standard survey were:</p> <p>John Wingate, RN Team Leader Health Facility Surveyor</p> <p>Patrick Hendrickson, RN Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name

Spring Creek Manor II

Physical Address

610 N. Bridge Street

Phone Number

624-1088

Administrator

Dee Rausch

City

St. Anthony

ZIP Code

83445

Survey Team Leader

John Wingate RN

Survey Type

Standard

Survey Date

1-18-07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	215.09	The administrator did not notify licensing and survey agency of reportable incidents.		
2	300.01	The RN did not visit the facility when there was noted change in residents' condition.		
3	305.02	The RN did not assure that resident's medication orders were current.		
4	305.03	The RN did not assess changes in resident's health status which includes date of signatures and documentation.		
5	310.02	Unneeded, discontinued and outdated medications were allowed to accumulate in the facility for longer than 30 days.		
6	305.01	The RN did not conduct an assessment of each resident's response to prescribed therapies for rooms: 3, 4, 9, 10 & 13.		
Response Required Date		Signature of Facility Representative	Date Signed	
2-14-07		Dee Rausch	2-19-07	



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ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Spring Creek Manor II	610 N. Bridge	624-1089
Administrator	City	ZIP Code
Der Rausch	St. Anthony	83445
Survey Team Leader	Survey Type	Survey Date
John Winsat, RN	Standard	1-18-07

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed _____

2-19-07

Dec 8 1911

1-19-57



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Spring Creek Manor II</i>	Physical Address <i>610 W Bridge Street</i>	Phone Number <i>624-1088</i>
Administrator <i>Dee Rausch</i>	City <i>ST. Anthony</i>	ZIP Code <i>83445</i>
Survey Team Leader <i>John Wingate RN</i>	Survey Type <i>Standard</i>	Survey Date <i>1-18-07</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
7	310.03	The facility failed to track controlled substances entering the facility.	
8	450	The facility did not meet the standards of the Idaho Food Code.	ROS PH
9	711.0711	The Facility failed to document Resident #4's refusal of medications, the consequences of the refusal and Notification of the resident's physician.	
10	711.12	The facility failed to document OAD medications with the reason for taking the medication.	
11	711.13	The residents records did not contain nursing assessments that were marked and dated documenting the requirements from section 305 of these rules.	

Response Required Date

2-18-07

Signature of Facility Representative

Dee Rausch